

**DENMARK's comments to
UNAIDS Policy Position Paper:**

**Intensifying HIV Prevention
(draft, 25.04.05)**

It's a very inclusive paper, which attempts to contemplate – at an overall and general level – all major advances in recent years' more intensified and high-policy profiled fight against HIV/AIDS. The need and wish to generalize the statements is being accomplished with some price paid at the *level of substantiality in the arguments and examples provided*. To ground the arguments better in actual lessons learnt, some more emphasis should still be put on providing illustrative cases.

1. **Sexual and reproductive health and rights** : HIV preventive efforts must be linked more closely to the need to increase access to sexual and reproductive health. HIV prevention must be better integrated into reproductive health services and visa versa. Sexual rights should be included since it is essential that women be in a position to control their own sexuality and thus to protect themselves against HIV.

2. **Gender approach**: Denmark would recommend that the position paper focuses more on gender aspects of the epidemic and the need to identify specific interventions addressing these aspects:

- **Women and girls** are exposed to many gender-specific factors, which make them especially vulnerable to infection. Women's and girls' vulnerability to HIV/AIDS should be addressed more in depth. There should be more focus on linkages between gender equality, sexual and reproductive health and the prevention of HIV. In many parts of the world, marriage and monogamous relationships do not protect women from HIV.
- **Role of men and boys**: It should be clear from the paper that without more active involvement of men and boys, HIV-prevention activities will not have a lasting impact.

3. **Youth**: There ought to be more focus in the paper on scaling up of integrated youth friendly reproductive health and HIV prevention programmes, where young people are at the centre of design and implementation.

4. The momentum being articulated by the '3 by 5' initiative is very present in especially section 1, arguing the positive impacts an intensified treatment agenda is having on prevention. Unfortunately, it leaves *little room to unfold the justification of WHY prevention in itself is worth making the case for*. In particular the obstacles, summarized in 6 lines at the end of section 1, merit further elaboration, argument and substance. It is important to know about these obstacles, and especially to know about the disagreements about what works. Only on that basis can the reader make a genuine assessment of how to proceed in his or her context.

5. Despite the fact that politicians, social scientists, economists and international organisations, amongst many others, all emphasize the centrality globalizing forces are having upon the development of our contemporary society, there is no mention of how economic, cultural, social and political *globalization is influencing the fight against HIV/AIDS*, for example:

- a. Increase in transnational human mobility, both within regions and across continents. HIV/AIDS is moving along and spreading with these mobile people – migrants, refugees, sex workers, tourists, military forces, etc - suggesting the need to not only reiterate – as is

done in this report – the need for *national* frameworks and strategies for prevention, but also to formulate *transnational, regional, diasporic and international frameworks* in the fight against HIV/AIDS. This is very relevant to consider not only in relation to Sub-Saharan Africa but also in relation to regions as the Caribbean, East Europe and major parts of Asia where the epidemic is on the rise.

- b. The strong double-sided development of the media: a liberalization and increased concentration of who owns and controls the media, leading to a more uniform global program flow – also on images and representation of sexuality, gender roles, power relations, etc. The other dimension of the media development is on the rapid development of local media and local production capacities due to cheaper technology. This is leading to the possibility for ‘everybody’ to produce their own – often contradicting - messages on HIV/AIDS.
- c. The local (or national or even international) resurgence of ethnic, spiritual, religious and other cultural identity markers in essentialist versions whereby particular social and sexual practices are not only reaffirmed but developed into fundamentalist discourses regarding behaviour.
- d. The strong and fundamental changes in lifestyles and subsequently in norms, values and cultural reference points for many people in many countries throughout the world

6. There is ***surprisingly no mention of communication***. This is surprising given the fundamental role of communication in HIV prevention work, both in achieving scale and coverage, raising awareness, tackling stigma, articulating participation and commitment, building constituencies, etc. At all levels, in most activities, social communication – be it mass mediated or interpersonal communication - is at the heart of the strategies to be developed. Thus, most of the ‘essential HIV prevention actions’ suggested in section 2, and most of the national level actions suggested in section 3 presuppose competencies and resources on how to use communication strategically. This requires some minimum reflection on WHAT strategic communication is about and HOW it may be used. The UNAIDS Communications Framework from 1999, the Final Declaration from the UN-Roundtable on Communication for Development from November 2001 (focusing explicitly on HIV/AIDS Communication) and the PANOS document ‘Missing the Message – 20 years of learning from HIV/AIDS’ (2003) are three key – in this paper unmentioned - documents in the on-going international debate among HIV/AIDS communication scholars and practitioners.

7. Fighting stigma and discrimination relating to HIV

Reducing the stigma and discrimination associated with HIV is central for HIV prevention. Fighting stigma is mentioned several times in the paper, e.g. as the first item under “Ten Essential HIV Prevention Actions” (p. 14). However, the text is not very concrete as to the fight of stigma. It is mentioned that respect of human rights is essential for prevention, and that legislation must be adapted to international human rights obligations (p. 13). Further, legislation to eliminate discrimination and to ensure human rights by people living with HIV is mentioned (p. 16). There is however need for focusing more explicitly on concrete strategies for fighting stigma. Especially in the health sector, stigma and discrimination of hiv-infected is serious and widespread. The health sector should therefore be one of the first places where concrete intervention should be undertaken. It is of course correct that discrimination can be forbidden by law. However, in view of the limited impact of legislation in many countries, there should be more explicit focus on other kinds of interventions.

8. *Involvement of people living with HIV*

This topic is mentioned as the first item in “Ten Essential HIV Prevention Actions” (p. 14). Consequently, it should also be dealt with more in depth in the rest of the paper. The UNAIDS’ GIPA-principles ought to be mentioned explicitly.

9. *Fighting sexually transmitted infections (STI)*

The paper ought to focus more on the early and effective identification and treatment for sexually transmitted infections (STI) as STI management is essential to reduce the transmission of HIV.